

OFFICE VACCINE MANAGEMENT PLAN *TEMPLATE*

This plan has been developed to assure the proper handling and storage of vaccines administered by this clinic. Vaccines are temperature sensitive and must be stored correctly to maintain their effectiveness. The following personnel are responsible for vaccine management.

Primary vaccine coordinator _____

Home phone number _____

Cell phone number _____

Back up vaccine coordinator _____

Home phone number _____

Cell phone number _____

VACCINE RECEIVING

When the vaccine is received by the front desk personnel, the vaccine coordinator will be notified immediately. The box will be taken to the storage area and unpacked in the following manner:

1. Remove the ColdMark Freeze Indicator and check the ColdMark bulb. If the bulb is clear and colorless, the vaccine is fine. If the bulb appears violet in color, see the table below and store the vaccine in the refrigerator in a bag marked "DO NOT USE" to separate it from other vaccines in the storage unit until viability is determined. Contact Nevada State Immunization Program at 775-684-5939.

Bulb Color	Vaccine Type	
	MMR, ActHIB, LAIV	All other vaccine
Clear and colorless	Begin using vaccine	Begin using vaccine
Violet	Begin using vaccine	Contact NSHD 775-684-5939

Examine the shipping container and content for signs of damage. If damage is noted, call Immunization Program. Finally, check the interval between shipment from the supplier and arrival of the product to the office. If it is more than 48 hours, call Nevada State Immunization Program.

2. Check the contents of the shipment against the shipping invoice. Compare quantities, lot numbers, and expiration dates carefully. Log in the date, name of the vaccine, lot

number, manufacturer, expiration date, arrival condition and quantity received in the log book.

3. File the shipping invoice.
4. Place the new vaccines in the refrigerator with the shortest expiration dates in the front of the pack. Make sure to separate the VFC vaccines from the private supply by _____.
5. Fold the flaps on the top of the shipping container to reveal the McKesson address and call UPS to pick up the empty shipping container.

VACCINE STORAGE

All vaccines will be stored in the unit(s) located in _____.

Refrigerator temperature must be between 35 -46 degrees F or 2 -8 degrees C. Ideally, the temperature should be maintained around 40 degrees F or 5 degrees C. Temperatures will be checked **twice** a day using the **certified thermometer** placed in the center of the refrigeration unit.

Temperatures will be noted first thing in the morning before patients are seen and recorded on the state supplied forms. Temperatures will be checked at the end of the day and recorded on the state supplied form. Any temperature that is out of range will prompt immediate intervention. First, double check the thermometer reading with another certified thermometer. Check to make sure the seals are intact and that the unit is plugged in. If the unit appears to be functioning normally, adjust the thermostat and check in one hour. If the unit appears to be failing, transfer the vaccines to a backup unit. Document all actions taken. Store temperature logs for 3 years.

Freezer temperatures must be less than 5 degrees F or -15 degrees C. Temperatures will be checked **twice** a day using the **certified thermometer** placed in the center of the freezer compartment. Temperatures will be noted first thing in the morning before patients are seen and recorded on the state supplied forms. Temperatures will be checked at the end of the day and recorded on the state supplied form. Any temperature that is out of range will prompt immediate intervention. First, verify the temperature with another certified thermometer. Check to make sure the seals are intact and that the unit is plugged in. If the second thermometer demonstrates the same temperature and the unit appears to be functioning normally, adjust the thermostat and check in one hour. If the temperature is still out of range, transfer the vaccine to another storage unit. Document all actions taken. Store temperature logs for 3 years.

If the refrigeration unit or freezer unit malfunctions, call _____ for servicing.

See pages 4 and 5 for instructions on how to proceed when a vaccine incident occurs.

Maintenance of the refrigeration unit and freezer:

1. Clean the unit once a month to discourage bacterial and fungal growth.

2. Defrost the freezer on a routine basis if the unit is not self-defrosting.
3. Place the unit in a well ventilated room with sufficient space (4 inches) around the sides and top for air circulation.
4. NO FOOD OR BEVERAGES may be stored in the units dedicated to vaccine storage.
5. Periodically, vacuum the dust from the exterior coils.
6. Keep ice packs in the freezer and water jugs in the doors and bottom of the refrigerator to help stabilize the temperatures.
7. Check the seals around the doors monthly for signs of wear.
8. Place a "DO NOT DISCONNECT" sign on the outlet that the unit is plugged into and on the circuit breaker that supplies power to the vaccine storage unit.

Vaccine

1. Store the vaccine in their original boxes.
2. Privately purchased vaccine is stored_____.
3. VFC (state supplied) vaccine is stored_____.
4. Diluent is stored _____.
5. Vaccines and diluents with the shortest expiration date are located in the front.
6. Check expiration dates of the vaccine weekly.
7. Arrange the vaccine stacks in the **center** of the refrigerator or freezer. Do not permit the vaccine to touch the walls of the unit. DO NOT store vaccines in the door.
8. Indicate on the label of each multi-dose vial the date and time that it was reconstituted or first opened. Refer to the packaged insert for expiration date.
9. Physically separate similar packages of vaccine to avoid medication errors.
10. Store vaccine with space between the boxes to allow air circulation.
11. NO FOOD OR BEVERAGES may be stored in the units dedicated to vaccine storage.
12. Post a sign on the refrigerator door showing which vaccines should be stored in the refrigerator and which should be stored in the freezer.
13. Dormitory style refrigerators may be used only for temporary daytime storage. Vaccines must be transferred back to the larger storage units at the end of the day.

14. Expired vaccines should be labeled “DO NOT USE” and physically separated from other vaccines. See appendix C for procedure to return expired state supplied vaccine to McKesson.
15. Place jugs of water in the door and bins of the refrigerator. Place freezer packs in the freezer compartment on either side of the vaccine.
16. Place a “DO NOT DISCONNECT” sign on the refrigerator and outlet that the refrigerator is plugged into.
17. If vaccines are going to expire before they can be used, call the State Immunization Program at least 3 months before the expiration date so that the vaccine can be relocated and used by another provider.

PROCEDURES IN THE EVENT OF A POWER FAILURE OR MECHANICAL DIFFICULTY

Short term power outage:

1. If you are sure that the power will only be off for several hours, tape the freezer door and refrigerator doors shut so no one inadvertently opens the doors and allows all the cold air to escape. Record the time.
2. When the power resumes, record the time and check the temperatures in the refrigerator and freezer and record. If temperatures are out of range, contact the manufacturer for instructions and do not use the vaccine until the manufacturer has been consulted. Notify the Nevada State Health Division, Immunization Program at 775-684-5901 if state supplied vaccines were involved.

Long term power outage due to a natural or manmade disaster:

1. If your facility has a generator, make sure that the vaccine storage unit is plugged into an outlet that is supplied power by the generator. Once the generator is supplying power to the storage unit, check the temperature in the freezer and refrigerator and record. If no generator is available, prepare to transfer the vaccine to a functioning unit. Record the temperature of the room, refrigerator, and freezer.
2. Have the following items available in case of a disaster – flashlight with extra batteries, ice packs, bubble wrap, McKesson boxes/coolers, dry ice, gloves.
3. Fill in the **Vaccine Incident Report**. (Appendix A)
4. Place an ice pack on the floor of the cooler or box. Place a layer of bubble wrap over top of the ice pack. Fill the cooler/box with **refrigerated** vaccine. Place a thermometer in the middle of the box, surrounded by vaccine. Lay bubble wrap over top of the vaccine boxes. Place ice on top of bubble wrap.

5. Remove **varicella** vaccine from the freezer and place in the box or cooler. Insert a thermometer with the vaccine. Surround the vaccine with dry ice, wearing gloves to protect your hands.
6. Transport the containers of vaccine in the cab of the car – NOT IN THE TRUNK. Transport the vaccine to _____ name, address, contact information _____

7. Continue to record temperatures twice a day while in the back up storage unit to assure viability of vaccine.
8. If the vaccines were removed from units with temperatures above the permissible range, call the vaccine manufacturer with the information from the **Vaccine Incident Report**. The manufacturer will tell you if the vaccine is still viable and can be used or to return the vaccine if the contents are unusable. Manufacturers' numbers are listed in Appendix B.

Mechanical Failure of the Vaccine Storage Unit

1. Record the temperatures in the refrigerator, freezer, and room with **certified** thermometers.
2. Transfer the vaccine to another storage unit. Alternate storage unit for **refrigerated** vaccines is located _____. Alternate storage unit for **frozen** vaccines is located _____. If the temperatures were out of acceptable range in the storage unit, mark the vaccine "DO NOT USE" until the manufacturers are contacted for advice.
3. Call _____ to schedule a service call on the vaccine storage unit.
4. Fill in the **Vaccine Incident Report**. (Appendix A)
5. If the vaccines were removed from units with temperatures **above** the permissible range, call the vaccine manufacturer with the information from the **Vaccine Incident Report**.
 - If the manufacturer determines that the vaccine is still viable and can be used, mark the vaccine boxes and vials with the new expiration date if one is provided.
 - If the manufacturer determines that the vaccine is spoiled and cannot be used, return all state supplied vaccine to McKesson. Follow the instructions in Appendix C.
6. If the vaccines were removed from units with temperatures **below** the permissible range, call the vaccine manufacturer with the information from the **Vaccine Incident Report**.
 - If the manufacturer determines that the vaccine is still viable and can be used, mark the vaccine boxes and vials with the new expiration date if one is provided.

- If the manufacturer determines that the vaccine is spoiled and cannot be used, return all state supplied vaccine to McKesson. Follow the instructions in Appendix C.
7. Continue to record the temperatures twice a day while the vaccines are in the alternate storage unit.
 8. When the storage unit has been repaired, resume checking temperatures twice a day. Vaccines may be returned to the unit after 14 days of acceptable temperatures.
 9. If the storage unit cannot be repaired and a new unit is purchased, acceptable temperatures must be recorded in the new unit for 14 days before the vaccine can be moved into the new unit.

Annual review of the above emergency plans must be accomplished. Please sign and date the chart below.

[illegible]

VACCINE WASTAGE

1. State supplied vaccine that is drawn up into a syringe but not used should be discarded into the sharps container. **Wasted doses** should be recorded on the office log on the refrigerator to be reported to the state at the end of the month.
2. State supplied vaccine that is **spoiled** due to inappropriate storage or shipment should be returned to McKesson. Fill out a **Vaccine Incident Report** (located in Appendix A) and fax to the State Immunization Program at 775-684-8338. Follow the procedure and forms included in Appendix C to return the vaccine.
3. State supplied vaccine that is **expired** should be returned to McKesson. Follow the procedure and forms included in Appendix C.

Insert New Forms required for the Nevada State Immunization Program and their instructions

Forms were received at the end of September 2008

APPENDIX A

Insert:

Vaccine Incident Report

APPENDIX B

Insert:

Manufacturer Quality Control Office Telephone Numbers

APPENDIX C

Insert:

Instructions for Returning Wasted/Expired State Vaccine

Vaccine Return Form